

Interstate  
DEBTOR: Freight Solutions

MONTHLY OPERATING REPORT  
CHAPTER 11

CASE NUMBER: 24-40297-ELM-11

Form 2-A  
COVER SHEET

For Period Ending Jan 31, 2024

Accounting Method:  Accrual Basis  Cash Basis

**THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH**

Mark One Box for Each  
Required Document:

Debtor must attach each of the following reports/documents unless the U. S. Trustee  
has waived the requirement in writing. File the original with the Clerk of Court.  
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B) ✓
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts IMPORTANT: Redact account numbers and remove check images
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts

*I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.*

Executed on: 3/8/24

Print Name: Blake Howie

Signature: Blake Howie

Title: OWNER

DEBTOR: Interstate Freight Solutions

CASE NO: \_\_\_\_\_

**Form 2-B  
CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: 1/1/24 to 1/31/24

**CASH FLOW SUMMARY**

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>0.95</u> (1)	\$ _____ (1)
2. Cash Receipts		
Operations		
Sale of Assets		
Loans/advances		
Other	<u>3,319.85</u>	
Total Cash Receipts	\$ <u>3,319.85</u>	\$ _____
3. Cash Disbursements		
Operations		
Debt Service/Secured loan payment		
Professional fees/U.S. Trustee fees		
Other	<u>3,088.80</u>	
Total Cash Disbursements	\$ <u>3,088.80</u>	\$ _____
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	_____	_____
5 Ending Cash Balance (to Form 2-C)	\$ <u>0.0</u> (2)	\$ _____ (2)

**CASH BALANCE SUMMARY**

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	_____	\$ _____
DIP Operating Account	_____	
DIP State Tax Account	_____	
DIP Payroll Account	_____	
Other Operating Account	_____	
Other Interest-bearing Account	_____	
TOTAL (must agree with Ending Cash Balance above)	\$ _____	(2)

(1) *Accumulated beginning cash balance is the cash available at the commencement of the case.*

*Current month beginning cash balance should equal the previous month's ending balance.*

(2) *All cash balances should be the same.*

DEBTOR: Interstate Freight Solutions CASE NO: \_\_\_\_\_

Form 2-B

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 01/01/24 to 01/31/24

CASH RECEIPTS DETAIL  
(attach additional sheets as necessary)

Account No: \_\_\_\_\_

Date	Payer	Description	Amount
1/5/24	Flooring Perfections	equipment storage	\$ 232.00
1/19/24	square (Davy Compton)	equipment storage	3087.85

Total Cash Receipts \$ 3,319.85 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR: Interstate Freight solutions

CASE NO: \_\_\_\_\_

Form 2-B  
CASH RECEIPTS AND DISBURSEMENTS STATEMENT  
For Period: 01/01/24 to 01/31/24

CASH DISBURSEMENTS DETAIL  
(attach additional sheets as necessary)

Account No: \_\_\_\_\_

Date	Check No.	Payee	Description (Purpose)	Amount
1/8/24		microsoft	email	\$ 4.40
1/8/24		Giusto	payroll payment retry	147.00
1/9/24		Wells Fargo	overdraft fee	35.00
1/9/24		Wells Fargo	monthly fee	10.00
1/19/24		Texas Workforce	Legal order	2890.40

TOTAL ASSETS

CASH/ CASH EQUIVALENTS

Post-petition Allowable Payments (from Form 2-B)  
Post-petition Authorized Professional Fees (from Form 2-B)  
Post-petition Taxes, Fines & Penalties (from Form 2-B)  
Post-petition Holes Payments  
Other Post-petition Payments

Total Post Petition Liabilities

Post Petition Liabilities:

Secured Debt  
Priority Debt  
Unsecured Debt

Total Post Petition Liabilities

GENERAL ASSETS

Other Post-petition Equity  
Post-petition Non-Exempt Assets  
Post-petition Non-Exempt Assets

Total Cash Disbursements \$ 3,088.80 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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Interstate Freight Solutions

Form 2-C  
COMPARATIVE BALANCE SHEET  
For Period Ended: 01/31/2024

	Current Month	Petition Date (1)
<b>ASSETS</b>		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 0.0	\$
Accounts Receivable (from Form 2-E)		
Receivable from Officers, Employees, Affiliates		
Inventory		
Other Current Assets :(List)		
Total Current Assets	\$ _____	\$ _____
Fixed Assets:		
Land	\$ _____	\$ _____
Building		
Equipment, Furniture and Fixtures		
Total Fixed Assets	\$ _____	\$ _____
Less: Accumulated Depreciation	( _____ )	( _____ )
Net Fixed Assets	\$ _____	\$ _____
Other Assets (List):		
<b>TOTAL ASSETS</b>	\$ _____	\$ _____
<b>LIABILITIES</b>		
Post-petition Accounts Payable (from Form 2-E)	\$ _____	\$ _____
Post-petition Accrued Professional Fees (from Form 2-E)		
Post-petition Taxes Payable (from Form 2-E)		
Post-petition Notes Payable		
Other Post-petition Payable(List):		
Total Post Petition Liabilities	\$ _____	\$ _____
Pre Petition Liabilities:		
Secured Debt		
Priority Debt		
Unsecured Debt		
Total Pre Petition Liabilities	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____
<b>OWNERS' EQUITY</b>		
Owner's/Stockholder's Equity	\$ _____	\$ _____
Retained Earnings - Prepetition		
Retained Earnings - Post-petition		
<b>TOTAL OWNERS' EQUITY</b>	\$ _____	\$ _____
<b>TOTAL LIABILITIES AND OWNERS' EQUITY</b>	\$ _____	\$ _____

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values

Page 1 of 1

DEBTOR: Interstate Freight solutions CASE NO: \_\_\_\_\_

Form 2-D  
PROFIT AND LOSS STATEMENT  
For Period 01/01/24 to 01/31/24

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ <u>3,319.85</u>	\$ _____
Less: Discounts, Returns and Allowances	( _____ )	( _____ )
<b>Net Operating Revenue</b>	<b>\$ <u>3319.85</u></b>	<b>\$ _____</b>
Cost of Goods Sold	_____	_____
<b>Gross Profit</b>	<b>\$ _____</b>	<b>\$ _____</b>
Operating Expenses		
Officer Compensation	\$ _____	\$ _____
Selling, General and Administrative	_____	_____
Rents and Leases	_____	_____
Depreciation, Depletion and Amortization	_____	_____
Other (list): <u>Payroll fee</u>	<u>147.00</u>	_____
<b>Total Operating Expenses</b>	<b>\$ <u>153.40</u></b>	<b>\$ _____</b>
<b>Operating Income (Loss)</b>	<b>\$ _____</b>	<b>\$ _____</b>
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ <u>2,935.40</u>	\$ _____
Gains (Losses) on Sale of Assets	_____	_____
Interest Income	_____	_____
Interest Expense	_____	_____
Other Non-Operating Income	_____	_____
<b>Net Non-Operating Income or (Expenses)</b>	<b>\$ _____</b>	<b>\$ _____</b>
Reorganization Expenses		
Legal and Professional Fees	\$ _____	\$ _____
Other Reorganization Expense	_____	_____
<b>Total Reorganization Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Net Income (Loss) Before Income Taxes</b>	<b>\$ <u>231.05</u></b>	<b>\$ _____</b>
Federal and State Income Tax Expense (Benefit)	_____	_____
<b>NET INCOME (LOSS)</b>	<b>\$ <u>231.05</u></b>	<b>\$ _____</b>

(1) Accumulated Totals include all revenue and expenses since the petition date.

DEBTOR: Interstate Freight Solutions

CASE NO: \_\_\_\_\_

Form 2-E  
SUPPORTING SCHEDULES

For Period: 01/01/24 to 01/31/24

POST PETITION TAXES PAYABLE SCHEDULE

Beginning Balance (1)	Amount Accrued	Amount Paid	Date Paid	Check Number	Ending Balance
Income Tax Withheld:					
Federal	\$	\$			\$
State					
FICA Tax Withheld					
Employer's FICA Tax					
Unemployment Tax					
Federal					
State					
Sales, Use & Excise Taxes					
Property Taxes					
Accrued Income Tax:					
Federal					
State					
Other: _____					
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____		\$ _____

(1) For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior report.

INSURANCE SCHEDULE

Carrier	Amount of Coverage	Expiration Date	Premium Paid Through
Workers' Compensation	\$ _____		\$ _____
General Liability	\$ _____		\$ _____
Property (Fire, Theft)	\$ _____		\$ _____
Vehicle	\$ _____		\$ _____
Other (list):	\$ _____		\$ _____

DEBTOR: Interstate Freight Solutions

CASE NO: \_\_\_\_\_

Form 2-E  
SUPPORTING SCHEDULES

For Period: 01/01/24 to 01/31/24

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$	\$
30 to 60 days		
61 to 90 days		
91 to 120 days		
Over 120 days		
<b>Total Post Petition</b>	_____	_____
<b>Pre Petition Amounts</b>	_____	_____
Total Accounts Receivable	\$ _____	
Less: Bad Debt Reserve	\$ _____	
<b>Net Accounts Receivable (to Form 2-C)</b>	\$ _____	_____
		<b>Total Post Petition Accounts Payable</b> \$ _____

\* Attach a detail listing of accounts receivable and post-petition accounts payable

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$	\$	\$		\$
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other: _____	\$ _____	\$ _____	\$ _____		\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____		\$ _____

\*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES\*\*

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
			\$ _____
			\$ _____
			\$ _____

\*\*List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: Interstate Freight solutions

CASE NO: \_\_\_\_\_

Form 2-F  
QUARTERLY FEE SUMMARY \*  
For the Month Ended: 01/31/24

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January		\$			
February					
March					
TOTAL 1st Quarter		\$	\$		
April		\$			
May					
June					
TOTAL 2nd Quarter		\$	\$		
July		\$			
August					
September					
TOTAL 3rd Quarter		\$	\$		
October		\$			
November					
December					
TOTAL 4th Quarter		\$	\$		

**FEE SCHEDULE (as of JANUARY 1, 2008)**

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999 .....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

\* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

\*\* Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

DEBTOR: Interstate Freight solutions

CASE NO: \_\_\_\_\_

Form 2-G

**NARRATIVE**

For Period Ending 01/31/24

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

Texas Workforce Commission. \$2890.40 1/19/24  
Case # 30164424.

I have called & left multiple voicemails. I cannot get anyone on the phone or a call back. I dont know what it is for.

1. Name of Debtor/Debtors  
 2. Name of Attorney  
 3. Name of Firm, Street, City, State  
 4. Name of Accountant  
 5. Name of Auditor  
 6. Name of Lawyer  
 7. Name of Financial Institution, Account Number  
and Signature/Handwriting Check for Each Debtor's Financial Account  
 8. General Account  
 9. Tax Account (if required)

I declare under penalty of perjury that the following is my Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.

Debtors:

By:

Printed:

Hand & Printed:

Form 2-G  
Rev. 12/10/2009

Interstate  
DEBTOR: Freight Solutions

CASE NUMBER: \_\_\_\_\_

INITIAL FINANCIAL REPORT  
CHAPTER 11

COVER SHEET

Date of Report

**THIS REPORT IS DUE 14 DAYS AFTER THE PETITION FILING DATE**

Mark One Box for Each  
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. Submit original report to U.S. Trustee. Do not file report with Clerk of Court.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Latest Fiscal Year Financial Statements or Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement for Month and Year Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Insurance & Environmental Risk Questionnaire - Proof of: a. General Liability Insurance b. Property (Fire, Theft, etc.) Insurance c. Workers' Compensation Insurance d. Vehicle Insurance e. Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Projected Revenue, Expenses and Cash Flow for First 180 Days of Post Petition Operations (Form IR-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account a. General Account c. Tax Account (if required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.*

Executed on: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

By: \_\_\_\_\_

Position: \_\_\_\_\_

Email & Phone: \_\_\_\_\_

interstate

DEBTOR: Freight Solutions

POST CONFIRMATION QUARTERLY REPORT

CH. 11 CASE NO: \_\_\_\_\_

FOR QUARTER ENDED: \_\_\_\_\_

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

1. CASH BALANCE, BEGINNING OF QUARTER \$ \_\_\_\_\_
2. CASH RECEIPTS DURING QUARTER FROM ALL SOURCES \_\_\_\_\_
3. CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS ( \_\_\_\_\_ )
4. CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT) \$ \_\_\_\_\_

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

		Paid During Quarter	Total Paid to Date	Total Pyts. Projected Under Plan
1.	ADMINISTRATIVE EXPENSES	\$ _____	\$ _____	\$ _____
	Plan Trustee Compensation	\$ _____	\$ _____	\$ _____
	Plan Trustee Expense	_____	_____	_____
	Attorney Fees - Trustee	_____	_____	_____
	Attorney Fees - Debtor	_____	_____	_____
	Other Professionals	_____	_____	_____
	Other Administrative Expenses	_____	_____	_____
	TOTAL ADMINISTRATIVE EXPENSES	\$ _____	\$ _____	\$ _____
2.	SECURED CREDITORS	\$ _____	_____	_____
3.	PRIORITY CREDITORS	\$ _____	_____	_____
4.	UNSECURED CREDITORS	\$ _____	_____	_____
5.	EQUITY SECURITY HOLDERS	\$ _____	_____	_____
6.	Attach additional sheets as nec	\$ _____	_____	_____
	<b>TOTAL PLAN PAYMENTS</b>	\$ _____	\$ _____	\$ _____
		<u>Amount</u>	<u>Date</u>	<u>Check No.</u>

QUARTERLY FEE PAID: \$ \_\_\_\_\_

PLAN STATUS: Yes No

1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.)
2. Are all post-confirmation obligations current? (If no, attach explanation.)
3. Projected date of application for final decree: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Attach additional sheets as necessary

\_\_\_\_\_ Reorganized Debtor

By: \_\_\_\_\_

\_\_\_\_\_ Title

Email & Phone: \_\_\_\_\_ Form 3  
Rev. 12/10/2009



INTERSTATE FREIGHT SOLUTIONS LLC  
PO BOX 36  
MANSFIELD TX 76063-0036

### Questions?

*Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:*

We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

*En español: 1-877-337-7454*

*Online:* [wellsfargo.com/biz](http://wellsfargo.com/biz)

*Write:* Wells Fargo Bank, N.A. (808)  
P.O. Box 6995  
Portland, OR 97228-6995

## Your Business and Wells Fargo

Visit [wellsfargo.com/digitalbusinessresources](http://wellsfargo.com/digitalbusinessresources) to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring, security and fraud prevention, and more.

### Account options

*A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com/biz](http://wellsfargo.com/biz) or call the number above if you have questions or if you would like to add new services.*

Business Online Banking   
Online Statements   
Business Bill Pay   
Business Spending Report   
Overdraft Protection

### Statement period activity summary

Beginning balance on 1/1	-\$231.05
Deposits/Credits	3,319.85
Withdrawals/Debits	- 3,088.80
Ending balance on 1/31	\$0.00

### Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Account number: 5566634050

INTERSTATE FREIGHT SOLUTIONS LLC

*Texas/Arkansas account terms and conditions apply*

For Direct Deposit use

Routing Number (RTN): 111900659

For Wire Transfers use

Routing Number (RTN): 121000248



## Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
1/5		Online Transfer From Flooring Perfections LLC Business Checking xxxxxx9169 Ref #IbOLtwdvtl on 01/05/24	232.00		0.95
1/8		Recurring Payment authorized on 01/07 Microsoft#G0355971 Msbill.info WA S384008047222759 Card 1928		6.40	
1/8	<	Business to Business ACH Debit - Gusto Retry Pymt 240103 6Semk00V7SI Interstate Freight Sol		147.00	-152.45
1/9		Overdraft Fee for a Transaction Posted on 01/08 \$6.40 Recurring Payment Authori Zed on 01/07 Microsoft#G0355971 Msbill.I		35.00	
1/9		Direct Pay Monthly Base		10.00	-197.45
1/19		Square Inc 240119P2 240119 L210852466657 Interstate Freight Sol	3,087.85		
1/19		Legal Order Debit - Contact Texas Workforce Commission (512) 463-2768 - Case# 3664424		2,890.40	0.00
Ending balance on 1/31					0.00
Totals					\$3,319.85 \$3,088.80

*The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.*

< *Business to Business ACH: If this is a business account, this transaction has a return time frame of one business day from post date. This time frame does not apply to consumer accounts.*

## Items returned unpaid

Date	Description	Amount
1/3	Waste Connection Web_Pay Jan 24 78569494010124 Interstate Freight Sol Reference # 021000025524236	794.28
1/4	Gusto Fee 481524 240103 6Semk00V7SI Interstate Freight Sol Reference # 021000020651750	147.00

## Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](http://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/01/2024 - 01/31/2024	Standard monthly service fee \$10.00	You paid \$0.00
------------------------------------	--------------------------------------	-----------------

The bank has waived the fee for this fee period.

How to avoid the monthly service fee Have any ONE of the following each fee period	Minimum required	This fee period
• Average ledger balance	\$1,000.00	-\$98.00 <input type="checkbox"/>
• Minimum daily balance	\$500.00	-\$231.05 <input type="checkbox"/>

C1/C1



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## Account transaction fees summary

<i>Service charge description</i>	<i>Units used</i>	<i>Units included</i>	<i>Excess units</i>	<i>Service charge per excess units (\$)</i>	<i>Total service charge (\$)</i>
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	2	100	0	0.50	0.00
Total service charges					\$0.00

## IMPORTANT ACCOUNT INFORMATION

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NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

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Please note: Your account has an ending balance of zero as of the date of this statement. Accounts with a zero balance will continue to be charged applicable fees (like the monthly service fee) until you request to close your account. We may close an account with a zero balance on the fee period ending date or at month end without prior notification to you. Once an account is closed (either by you or us), no fees will be assessed on the account.

- To prevent closure by us without notification, an account with a zero balance must have a qualifying transaction posted within the last two months of the most recent fee period ending date.
- Examples of qualifying transactions are deposits and withdrawals made at a branch, ATM, online, mobile, or via telephone; one-time and recurring transfers made at a branch, ATM, online, mobile, or via telephone; automatic or electronic deposits, such as from payroll or government benefits; automatic or electronic payments, including Bill Pay; one-time and recurring purchases or payments made using a card or mobile device; and checks paid from the account.
- Bank-originated transactions, like monthly service or other fees, are not considered qualifying transactions that will prevent closure of an account with a zero balance.
- If you do not plan to keep this account, we encourage you to redirect recurring deposits and payments to another account.

Questions? Please contact your banker or call the phone number appearing on your statement.

We appreciate your business. Thank you for choosing Wells Fargo.



## Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts: Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about other transactions (that are not electronic transfers): Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- If your account has a negative balance: Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- To download and print an Account Balance Calculation Worksheet(PDF) to help you balance your checking or savings account, enter [www.wellsfargo.com/balancemyaccount](http://www.wellsfargo.com/balancemyaccount) in your browser on either your computer or mobile device.

## Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance  
shown on your statement . . . . . \$

ADD

## CALCULATE THE SUBTOTAL

(Add Parts A and B)  
.....  
TOTAL \$ \_\_\_\_\_

## SUBTRACT

C. The total outstanding checks and withdrawals from the chart above ..... - \$ \_\_\_\_\_

## CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)  
This amount should be the same  
as the current balance shown in  
your check register .....